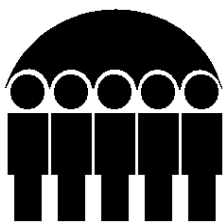


January 14, 2003

Employees' Manual
Title 10
Chapter Q

ADMINISTRATIVE REVIEW AND ADJUSTMENT

APPENDIX



Iowa
Department
of
Human Services

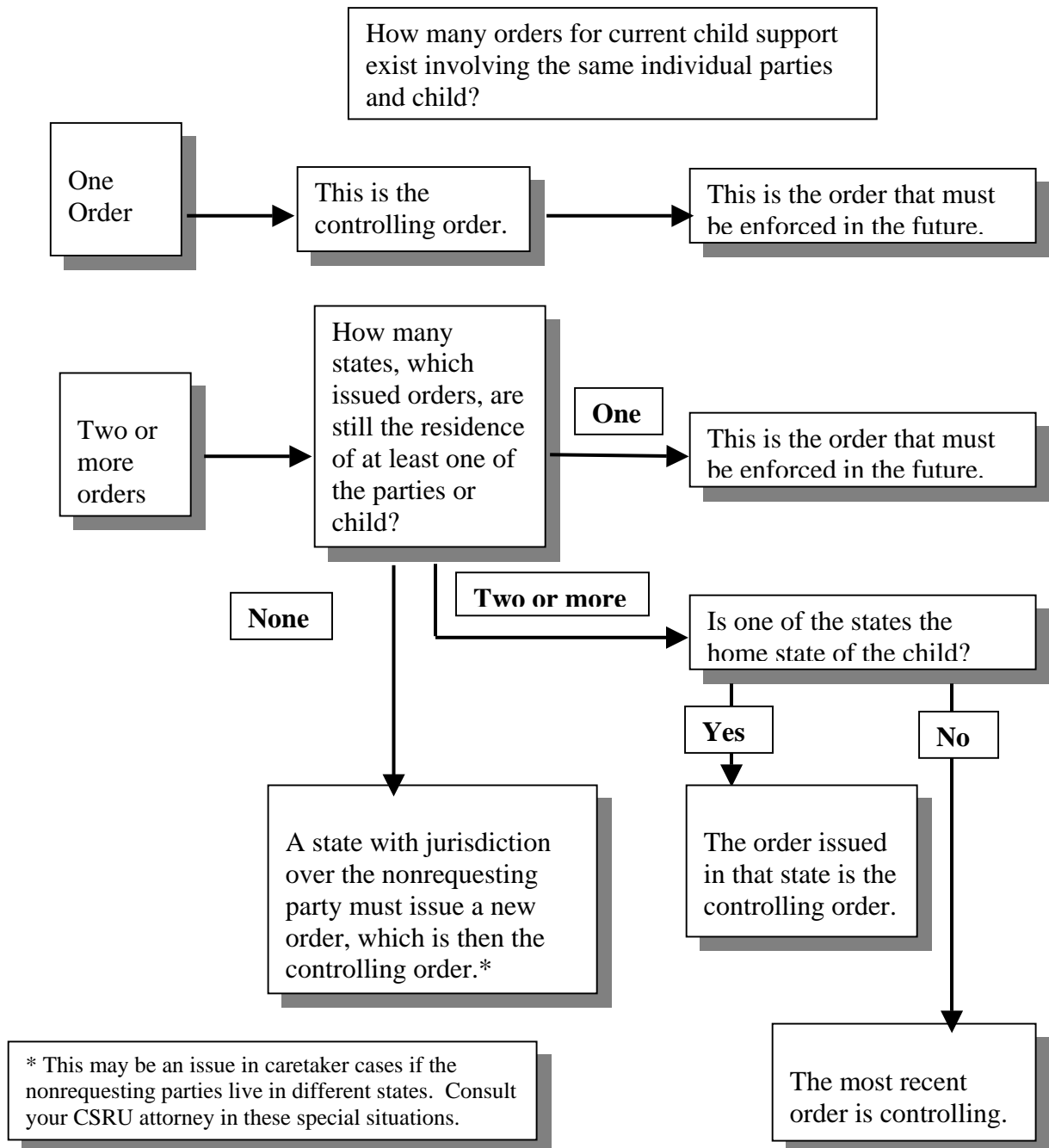
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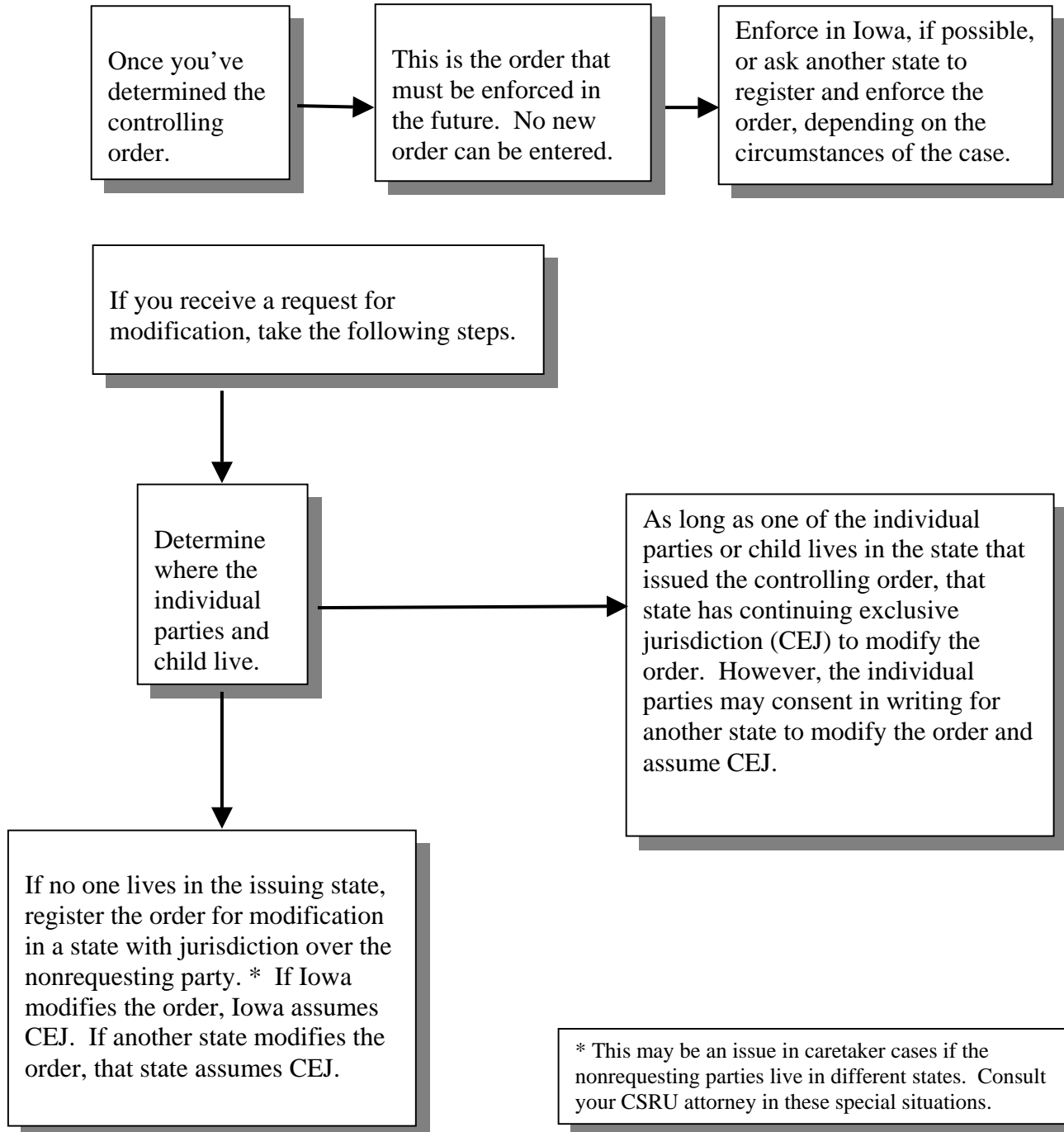
FLOWCHARTS

Determining the Controlling Order

(Absent the written agreement of the parties.)



Determining Continuing Exclusive Jurisdiction (CEJ) To Modify



Examples for Controlling Order and Modification Jurisdiction (Single Order)

SINGLE CHILD SUPPORT ORDER						
Order Issued In	Requestor's Residence	Non-Requestor's Residence	Child's Residence	Controlling Order	Who Conducts the REVIEW	Action
Iowa	Any state	Any state	Iowa	Iowa's order	Iowa	Conduct REVIEW
Iowa	Any State except Iowa	Any state except Iowa	Any state except Iowa	Iowa's order	Non-requestor's state	Ask state to register and modify
Iowa	Any state except Iowa	Iowa	Any state except Iowa	Iowa's order	Iowa	Conduct REVIEW
Other State	Any state	Any state	State where order was issued	Other state's order	State where order was issued	Send Interstate referral to issuing state
Other State	Not state where order was issued	State where order was issued	Not Iowa or state where order was issued	Other state's order	State where order was issued	Send Interstate referral to issuing state
Other State	Not in state where order was issued	Not in state where order was issued	Iowa	Other state's order	Non-requestor's state	Ask state to register and modify *If Non-requestor in Iowa - Register in Iowa, conduct REVIEW
Other State	Not Iowa or state where order was issued	Not Iowa or state where order was issued	Not Iowa or state where order was issued	Other state's order	Non-requestor's state	Ask Non-requestor's state to register and modify

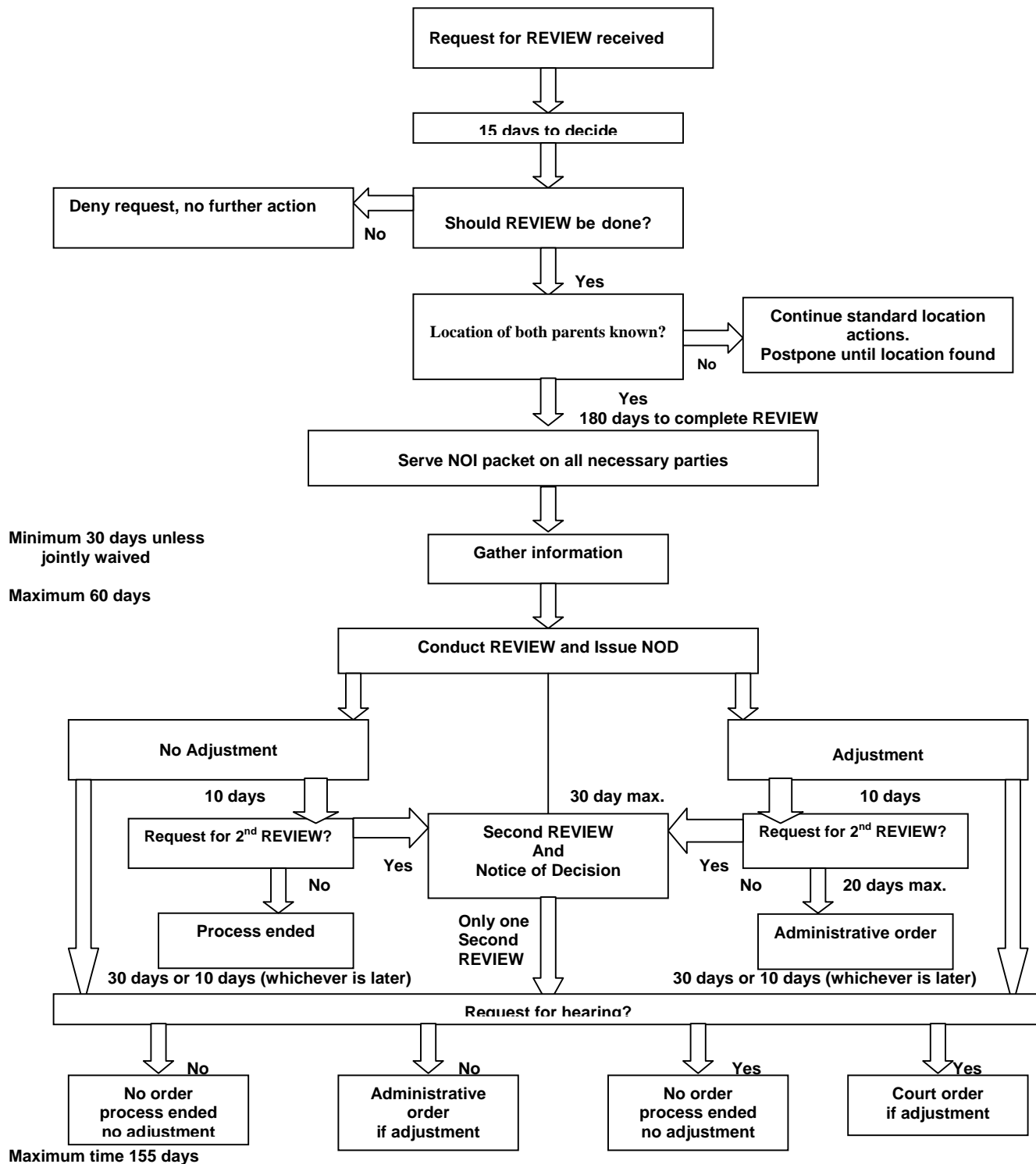
Examples for Controlling Order and Modification (Multiple Orders)

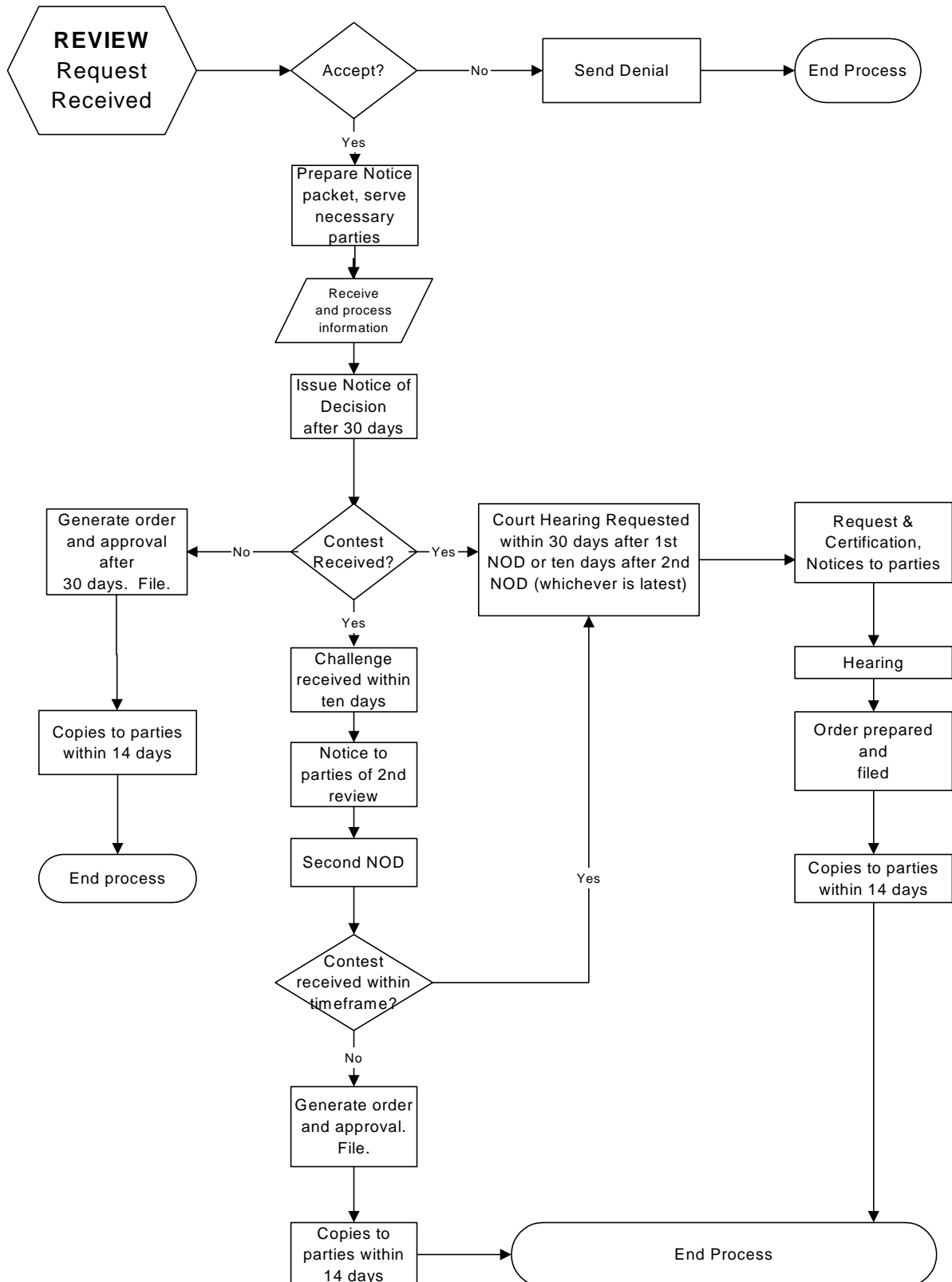
MULTIPLE CHILD SUPPORT ORDERS						
Order Issued In	Requestor's Residence	Non-Requestor's Residence	Child's Residence	Controlling Order	Who Conducts the REVIEW	Action
Iowa and other states	Any state	Any state	Iowa	Iowa's order	Iowa	Conduct REVIEW
Iowa and other states	Not Iowa or state where order was issued	Any state with an order other than Iowa	Not Iowa or state where order was issued	Order from Non-requestor's state	Non-requestor's state	Send interstate referral to do DCO and modify
Iowa and other states	Not Iowa or state where order was issued	Not Iowa or state where order was issued	Not Iowa or state where order was issued	No order controls	N/A	Send interstate referral to Non-requestor state to establish new order (no state has CEJ)
Iowa and other states	May live in Iowa	May live in Iowa	A state with an order other than Iowa	Order from state where child lives	State where child lives	Send interstate referral to do DCO and modify
Iowa and other states	Any state with an order other than Iowa	Any state with an order other than Iowa	Not Iowa or state where order was issued	Order from state with most recently issued order	State with most recently issued order	Refer to state with the most recently issued order to do DCO and modify

Note: The above examples assume that 'home state' criteria have been met.

Note: The parties can agree in writing to allow another state (usually where one of the parties lives) to modify the controlling order and assume CEJ.

Time Frames for REVIEW





470-0204, Financial Statement

Purpose	Form 470-0204, <i>Financial Statement</i> , is used to request financial information from the parents. The information is used to calculate the guideline amount of child support.
Source	This form may be generated from either the REVIEW1 screen or from FORMLIST.
Completion	<p>To generate this form from the REVIEW1 screen, enter either ‘Y’ or ‘R’ in the NOI (Y/R) field.</p> <p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-0204, enter ‘X’ to select the form, and press ENTER.</p> <p>When the form is generated from the REVIEW1 screen, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	Serve this form along with the NOI packet for each necessary party through the appropriate sheriff or private process server. File a copy in the case file.
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form:</p> <ul style="list-style-type: none">◆ Obligor’s name◆ Obligee’s/Caretaker’s name◆ Third Party’s name (if appropriate)◆ Child’s name (up to 5 children)◆ Date prepared◆ Case number

- ◆ Worker ID
- ◆ Court order number – primary order
- ◆ County of filing.

Note: This form handles up to three headings. If there are more than three orders involved in the adjustment, prepare the additional headings as follows:

1. After entering all your data for the form, press PF11 then PF9 to generate the form. When ICAR links with the WORD template, a dialog box appears, asking how you want to handle the document. Instead of clicking on PRINT or QUICK PRINT, press EDIT.
- 2 Cut and paste the caption and adapt the court order number as appropriate. Do this for each additional order involved in the adjustment.

470-0413, Obligor Insurance Questionnaire

Purpose	Form 470-0413, <i>Obligor Insurance Questionnaire</i> , is used to request health insurance coverage information from the obligor for the dependents included in the REVIEW process. The information is used to ensure the Unit's records are correct and the children receive all the health benefits due under the obligor's medical insurance plan.
Source	This form may be generated from FORMLIST.
Completion	<p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-0413, enter 'X' to select the form, and press ENTER.</p> <p>Enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	Serve this form along with the non-custodial parent's NOI packet through the appropriate sheriff or private process server. File a copy in the case file.
Data	<p>Worker enters the following information:</p> <ul style="list-style-type: none">◆ Date notice generated◆ Case number◆ Non-custodial parent's name◆ CSRU/FCRU worker number◆ Custodial parent's name◆ Non-custodial parent's address◆ Dependent's name (up to 6 dependents)◆ Name of worker◆ CSRU/FCRU address

470/1916, Order for Income Withholding

Purpose	Form 470/1916, <i>Order for Income Withholding</i> , informs an employer or income provider of the amount of support that shall be deducted from an obligor's wage or income for the payment of child support.
Source	This form may be generated from either the REVIEW3 or REVIEW4 screens, or from FORMLIST.
Completion	<p>To generate this form from the REVIEW3 or REVIEW4 screen, enter a 'Y' in the IWO PROV field.</p> <p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (IWO). Press PF1 (numerical) or PF5 (alpha) to display a list of IWO forms. Tab to 470/1916, enter 'X' to select the form, and press ENTER.</p> <p>When the form is generated from the REVIEW3 or REVIEW4 screen, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	File the original with the clerk of court. Send a copy to the last known address of the obligor. File a copy in the case file.
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form:</p> <ul style="list-style-type: none">◆ County of filing◆ Petitioner's name◆ Court order number◆ Respondent's name◆ Month, day, and year of IWO◆ Obligor's name◆ Amount of payments (current and arrears)

- ◆ Frequency of payments (current and arrears)
- ◆ Total amount due
- ◆ Date of delinquency
- ◆ Case number
- ◆ Type of withholding (IIW or MIW)
- ◆ Month, day, and year of IIW
- ◆ Type of withholding (amended or lump sum)
- ◆ Total Lump-Sum amount (if applicable)
- ◆ CSRU address

Worker enters the following information:

- ◆ Selects if not Lump Sum IWO

470-2640, Child Support Guidelines Worksheet

Purpose	Form 470-2640, <i>Child Support Guidelines Worksheet</i> , informs the parties of the recommended amount of current support based on the financial circumstances of the parties and the number of children for whom support is sought. Accrued support is not adjusted or sought in the REVIEW process.
Source	The worksheet is generated from the Guidelines Calculation PC Application.
Completion	Some information is downloaded from ICAR. The worker enters additional information to complete the worksheet. The worksheet is generated by the worker from the PC application.
Distribution	The form is sent by regular mail with the <i>NOD</i> to all necessary parties or their attorney, if applicable. File a copy in the case file.
Data	<p>The following information is downloaded from ICAR:</p> <ul style="list-style-type: none">◆ Case number◆ Docket numbers◆ NCP name◆ CP name◆ Dependent's names and paternity indicator◆ Current support obligation amount <p>Worker enters the following information:</p> <ul style="list-style-type: none">◆ Additional docket numbers◆ Type of calculation◆ Worker's name (prepared by)◆ NCP and CP income and deductions◆ Qualified Additional Dependent Deductions (QADD)◆ Dependents to be included in calculation

- ◆ Current obligation amount (if applicable)
- ◆ Selection to use current obligation (if applicable)
- ◆ Number of extraordinary visitation overnights (if applicable)
- ◆ Deviation reason and amount (if applicable)
- ◆ Foster Care case – non-resident QADD's
- ◆ Foster Care case – use 30% deviation
- ◆ Frequency of current support payments (if applicable)
- ◆ Comments

470-2744, NPA Medical Support Questionnaire

Purpose	Form 470-2744, <i>NPA Medical Support Questionnaire</i> , is used to request health insurance coverage information, if available, from the NPA obligee for the dependents included in the REVIEW process. The information is used to ensure the Unit's records are correct. If health insurance provisions are at issue, or enforcement of health insurance is necessary, the form allows the NPA obligee to request medical support enforcement services.
Source	This form may be generated from FORMLIST or FORMOSEL.
Completion	<p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (CASE). Press PF1 (numerical) or PF5 (alpha) to display a list of CASE forms. Tab to 470-2744, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (CASE). Press either PF9 (numerical) or PF10 (alpha) to display a list of CASE forms. Tab to 470-2744, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	Serve this form along with the custodial parent's NOI packet through the appropriate sheriff or private process server. File a copy in the case file.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date generated
- ◆ Case number
- ◆ Name of first child
- ◆ Custodial parent's name and address
- ◆ CSRU/FCRU address and telephone

Worker enters the following information:

- ◆ Additional children's names

470-2748, PA Medical Support Questionnaire

Purpose	Form 470-2748, <i>PA Medical Support Questionnaire</i> , is used to request health insurance coverage information, if available, from the PA obligee for the dependents included in the REVIEW process. The information is used to ensure the Unit's records are correct. If health insurance provisions are at issue or enforcement of health insurance is necessary, the PA obligee is informed that, as a recipient of public assistance, he/she must cooperate with the Unit in the establishment and enforcement of medical support.
Source	This form may be generated from FORMLIST or FORMOSEL.
Completion	<p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (CASE). Press PF1 (numerical) or PF5 (alpha) to display a list of CASE forms. Tab to 470-2748, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (CASE). Press either PF9 (numerical) or PF10 (alpha) to display a list of CASE forms. Tab to 470-2748, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution Serve this form along with the custodial parent's NOI packet through the appropriate sheriff or private process server. File a copy in the case file.

Data ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date generated
- ◆ Case number
- ◆ Custodial parent's name and address
- ◆ CSRU/FCRU address

Worker enters the following information:

- ◆ Child's name (up to 6 children)

470-2749, Request to Modify a Child Support Order

Purpose	Form 470-2749, <i>Request to Modify a Child Support Order</i> , is used by any necessary party to request REVIEW of a current child support order.
Source	This form may be generated from FORMLIST or FORMOSEL.
Completion	<p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-2749, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and the process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-2749, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>Since this form requires no variables, press PF11 then PF9 to generate the form.</p>
Distribution	Give this form to any necessary party inquiring about the review and adjustment process. At the same time, give the party a copy of Comm. 85, <i>Procedures for Modifying Child Support Obligations: Review and Adjustment, Administrative Modification, Cost-of-Living Alteration</i> .
Data	This form requires no variables.

470-2788, Role of the Child Support Recovery Attorney

Purpose	Form 470-2788, <i>Role of the Child Support Recovery Attorney</i> , is used to clarify the role of the child support recovery attorney in child support cases and is only sent to the custodial parent.
Source	This form may be generated from the REVIEW1 screen, FORMLIST, or FORMOSEL.
Completion	<p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the NOI (Y/R) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-2788, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-2788, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW1 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	Serve this form along with the NOI packet for the custodial parent through the appropriate sheriff or private process server. File a copy in the case file.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Obligor's name
- ◆ Oblige'e's/Caretaker's name
- ◆ Third Party's name (if appropriate)
- ◆ Child's name (up to 5 children)
- ◆ Date prepared
- ◆ Case number
- ◆ Worker ID
- ◆ Court order number
- ◆ County of filing

470-2819, What You Should Know About Immediate Income Withholding

Purpose	Form 470-2819, <i>What You Should Know About Immediate Income Withholding</i> , informs the parties about the income withholding process and the possible exemptions from immediate income withholding.
Source	This form may be generated from either the REVIEW1 screen or from FORMLIST.
Completion	<p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the NOI (Y/R) field.</p> <p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-2819, enter 'X' to select the forms, and press ENTER.</p> <p>When the form is generated from the REVIEW1 screen, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	<p>Serve this form along with the NOI packet for each necessary party through the appropriate sheriff or private process server. File a copy in the case file.</p> <p>Note: Do <u>not</u> include this form in the obligor's packet if the non-custodial parent previously received form 470-2819 or is already under an order for income withholding.</p>

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date notice prepared
- ◆ Obligor/Obligee name
- ◆ Case number
- ◆ Obligor/Obligee address
- ◆ Worker ID
- ◆ Worker's name
- ◆ CSRU address and telephone

470-2870, Foster Care Financial Statement

Purpose	Form 470-2870, <i>Foster Care Financial Statement</i> , is used to request financial information from the parents. The information is used to calculate the guideline amount of child support.
Source	This form may be generated from FORMLIST.
Completion	<p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (ADMIN). Press PF1 (numerical) or PF5 (alpha) to display a list of ADMIN forms. Tab to 470-2870, enter 'X' to select the form, and press ENTER.</p> <p>Enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate this form.</p>
Distribution	Serve this form along with the NOI packet for each necessary party through the appropriate sheriff or private process server. File a copy in the case file.
Data	<p>Worker enters the following information:</p> <ul style="list-style-type: none">◆ Obligor's name◆ Obligee's/Caretaker's name◆ Third Party's name (if appropriate)◆ Child's name (up to 5 children)◆ Date prepared◆ Case number◆ Worker ID◆ Court order number◆ County of filing

470-3181, Directions for Service and Return of Service for Service in Iowa

Purpose	<p>Form 470-3181, <i>Directions for Service and Return of Service for Service in Iowa</i>, provides location and description information necessary for successful service in Iowa. The form also asks the sheriff or private process server to serve the documents and provide information about the details of the service.</p> <p>Note: Form 470-3325 provides information for out-of-state service.</p>
Source	<p>This form may be generated from either the REVIEW1 screen or from FORMLIST.</p>
Completion	<p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the GEN SERVICE REQT (Y/R) field for CP, RP or TP, and an 'I' in the I/O field.</p> <p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press either PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3181, enter 'X' to select the form, and press ENTER.</p> <p>When the form is generated from the REVIEW1 screen, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	<p>Send this form along with a NOI packet for each necessary party through the appropriate sheriff or private process server. File a copy in the case file.</p>

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ CSC number
- ◆ Court order number
- ◆ Date generated
- ◆ Item to be served
- ◆ Person to be served
- ◆ Address of person to be served
- ◆ Employer name and address
- ◆ SSN and Date of Birth of person to be served
- ◆ Other physical description data – NCP only, worker must enter for CP and TP
- ◆ CSRU/FCRU worker name
- ◆ Worker title or ID
- ◆ Worker office location

Worker enters the following information:

- ◆ Expiration date of service request
- ◆ County of service
- ◆ Sheriff's office or Process Server Name
- ◆ Sheriff's office or Process Server Address
- ◆ Type of service (personal or on any adult in the household)
- ◆ Other information relating to service
- ◆ Where to return service and bill information

470-3251, Review Request Acknowledgement

Purpose	Form 470-3251, <i>Review Request Acknowledgment</i> , provides information to the requestor regarding the disposition of the request for REVIEW process when the request is forwarded to another state, the request is denied, or the Unit is unable to locate a necessary party.
Source	This form may be generated from the REVIEW1 screen, FORMLIST, or FORMOSEL.
Completion	<p>To generate this form from the REVIEW1 screen, enter either ‘Y’ or ‘N’ in the REVIEW APPROPRIATE (Y/N) field. If the request is denied, enter the deny reason in the DNY RSN field. ICAR selects the appropriate text based on the deny reason.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3251, enter ‘X’ to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3251, enter ‘X’ to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW1 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution Provide each necessary party a copy of the form. File a copy in the case file.

Data ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date generated
- ◆ Case number
- ◆ Court order number
- ◆ County of filing
- ◆ Obligee name
- ◆ Obligor name
- ◆ Third party name (if applicable)
- ◆ CSRU address and telephone number
- ◆ Requestor's name
- ◆ Requestor address
- ◆ Denial reason
- ◆ Obligee, Obligor, and Third Party Attorney name and address

Worker enters the following information:

- ◆ Selects appropriate action reason

470-3252 Waiver of Personal Service and Acceptance of Review and Adjustment Notice

Purpose	Form 470-3252, <i>Waiver of Personal Service and Acceptance of Review and Adjustment Notice</i> , allows the requestor to waive personal service of the NOI packet. By signing this form the party waives personal service by a sheriff or private process server, acknowledges receipt of the NOI packet, and accepts service of all documents related to the process. The party must sign this form in the presence of a Notary Public.
Source	This form may be generated from the REVIEW1 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the NOI (Y/R) field. This form is generated as a part of the NOI packet.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3252, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3252, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW1 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p>

When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.

Press PF11 then PF9 to generate the form.

Distribution

Send this form with the NOI packet or provide it directly to the requestor. File the original in the court file and place a copy in the case file.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Obligor name
- ◆ Obligee name
- ◆ CSC number
- ◆ Third party name (if applicable)
- ◆ Child's name (up to 5 children)
- ◆ Current date
- ◆ Docket number

Worker enters the following information:

- ◆ Name of person being served

470-3253, Notice of Intent to Review and Adjust a Child Support Obligation

Purpose	Form 470-3253, <i>Notice of Intent to Review and Adjust a Child Support Obligation</i> , (NOI) form provides legal notice to the necessary parties of the intent to review and adjust the identified support orders. The NOI describes the legal basis for the REVIEW process, indicates which order is the controlling order and why Iowa has jurisdiction to modify the order. The NOI provides information about the process and steps in the process, identifies the information needed to complete the REVIEW process and outlines the parties' rights and responsibilities.
Source	This form may be generated from the REVIEW1 screen, FORMLIST, or FORMOSEL.
Completion	<p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the NOI (Y/R) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3253, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3253, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW1 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution Serve on all necessary parties. File a copy in the case file.

Data ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ CSC number
- ◆ Date of notice
- ◆ Obligee/Caretaker's name
- ◆ Obligor's name
- ◆ Third Party name (if applicable)
- ◆ Child's name and Date of Birth (up to 5 children)
- ◆ CSRU address
- ◆ CSRU telephone number
- ◆ Obligor, Obligee, & Third Party Attorney name and address

Worker enters the following information:

- ◆ Primary court order number
- ◆ Primary county of filing
- ◆ If a Foster Care case
- ◆ Court order data if DCO previously completed
- ◆ Requestor of the REVIEW
- ◆ Obligee/Caretaker's state of residence
- ◆ Obligee/Caretaker's jurisdiction reason
- ◆ Obligor's state of residence
- ◆ Obligor's jurisdiction reason
- ◆ Third Party's state of residence (if applicable)
- ◆ Third Party's jurisdiction reason
- ◆ Child or Children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)
- ◆ Home state of child (if 'home state' relevant)
- ◆ If Single or Multiple Orders used to determine DCO

- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Issuing county of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)

470-3254, Waiver of Pre-Review Waiting Period for Review and Adjustment

Purpose	Form 470-3254, <i>The Waiver Of Pre-Review Waiting Period For Review and Adjustment</i> , is used if the parties agree to waive the waiting period between the service of the NOI packet and the issuance of the Notice of Decision. If all necessary parties agree in writing to waive the waiting period, the Unit may proceed with the REVIEW upon receipt of the signed waivers.
Source	This form may be generated from the REVIEW1 screen, FORMLIST, or FORMOSEL.
Completion	<p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the NOI (Y/R) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3254, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3254, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW1 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution

Send this form along with a NOI packet for each necessary party, to the appropriate sheriff or private process server for service on all necessary parties. Place the original of each signed waiver in the case file.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Case number
- ◆ Today's date

470-3256, Notice of Withdrawal Request (252H)

Purpose	Form 470-3256, <i>Notice of Withdrawal Request (252H)</i> , provides notice to other necessary parties that the requestor has asked to withdraw the request for REVIEW. The non-requesting party or parties may request the REVIEW continue or agree to terminate the REVIEW by completing form 470-3257, <i>Request to Continue Review (252H)</i> , which is included. The REVIEW cannot be withdrawn if support has been assigned to the state as a condition of receiving public assistance.
Source	This form may be generated from the REVIEW2 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW2 screen, enter the party requesting to withdraw in the REQ TO WITHDRAW RECD (CP/RP/TP/OTHST) field. Note: The entry in the REQ TO WITHDRAW RECD (CP/RP/TP/OTHST) field must match the entry in the PREREVIEW REQUESTED BY field on REVIEW1.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3256, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3256, enter 'X' to select, the form press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p>

When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.

Press PF11 then PF9 to generate the form.

Distribution Send the form along with 470-3257 to each necessary non-requesting party. File a copy of each party's notice in the case file.

Data ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Today's date
- ◆ Case number
- ◆ Court order number
- ◆ County of order
- ◆ Obligee name
- ◆ Obligor name
- ◆ Third Party name (if applicable)
- ◆ CSRU address and telephone
- ◆ Obligee, Obligor, and Third Party Attorney name and address

Worker enters the following information:

- ◆ Non-requesting party
- ◆ Non-requestor's name
- ◆ Non-requestor's address

470-3257, Request to Continue Review (252H)

Purpose	Form 470-3257, <i>Request to Continue Review (252H)</i> , is used to ask the non-requesting party or parties whether the REVIEW process should continue or stop. This form is sent with 470-3256, <i>Notice of Withdrawal Request (252H)</i> . The REVIEW cannot be withdrawn if support has been assigned to the state as a condition of receiving public assistance.
Source	This form may be generated from the REVIEW2 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW2 screen, enter the party requesting to withdraw in the REQ TO WITHDRAW RECD (CP/RP/TP/OTHST) field. Note: The entry in the REQ TO WITHDRAW RECD (CP/RP/TP/OTHST) field must match the entry in the PREREVIEW REQUESTED BY field on REVIEW1.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3257, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3257, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution Send to the necessary non-requesting party or parties. File a copy in the case file.

Data ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date of notice
- ◆ Case number
- ◆ Court order number
- ◆ County of filing
- ◆ Obligee's name
- ◆ Obligor's name
- ◆ Third Party's name (if applicable)
- ◆ CSRU address and telephone
- ◆ Who requested – a party or other state CSRU
- ◆ Who withdrew – a party or other state CSRU
- ◆ Obligee, Obligor, and Third Party attorney name and address

Worker enters the following information:

- ◆ Non-requesting party (Obligee, Obligor, or Third Party)
- ◆ Non-requestor's name
- ◆ Non-requestor's address
- ◆ If other state is requestor – name of state

470-3258, Results of Withdrawal Request (252H)

Purpose	Form 470-3258, <i>Results of Withdrawal Request (252H)</i> , provides the results of the request to withdraw to all necessary parties.
Source	This form may be generated from the REVIEW2 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW2 screen, enter 'Y' or 'N' in the WITHD REQ ACCEPTED (Y/N) field and the code in the CODE field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3258, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3258, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution Send the form to each necessary party or attorney, if applicable. File a copy in the case file.

Data ICAR enters the following information. You must enter the information for a manually generated form.

- ◆ Obligee, Obligor, or Third Party name and address
- ◆ Today's date
- ◆ Case number
- ◆ Court order number
- ◆ County name
- ◆ Obligee's name
- ◆ Obligor's name
- ◆ Third Party's name (if applicable)
- ◆ CSRU address and telephone
- ◆ Enters 'X' if request is denied and support is assigned
- ◆ Obligee, Obligor, and Third Party's Attorney name and address

Worker enters the following information:

- ◆ Intended recipient of form
- ◆ If withdraw accepted and no one is barred
- ◆ If withdraw accepted and a party is barred
- ◆ If withdraw denied, non-requestor wants to continue

470-3259, Notice of Decision to Review and Adjust a Support Obligation

Purpose	Form 470-3259, <i>Notice of Decision to Review and Adjust a Support Obligation (NOD)</i> , provides all necessary parties the results of the REVIEW. The form advises the parties of their rights to request a second REVIEW or ask for a court hearing. The appropriate cover letter is generated for each party.
Source	This form may be generated from the REVIEW2 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW2 screen, enter 'Y' or 'R' in the NOD ISSUED (Y/R/V/X) field. Note: Enter the results of the REVIEW before generating this form.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3259, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3259, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	Send the form to the last known address for each necessary party or attorney, if applicable. File a copy in the court file and case file.

Data

ICAR enters the following information: You must enter the information for a manually generated form:

- ◆ Obligee, Obligor, and Third Party address (on the cover letter)
- ◆ Today's date
- ◆ Case number
- ◆ Primary court order number
- ◆ County name
- ◆ Obligee/Caretaker's name
- ◆ Obligor's name
- ◆ Third Party's name (if applicable)
- ◆ CSRU address and telephone
- ◆ Obligee, Obligor, and Third Party's attorney name and address
- ◆ Child's name and Date of Birth (up to 5 children)

Worker enters the following information:

- ◆ Select if a Foster Care case
- ◆ Obligee/Caretaker's state of residence
- ◆ Obligee/Caretaker's jurisdiction reason
- ◆ Obligor's state of residence
- ◆ Obligor's jurisdiction reason
- ◆ Third Party's state of residence (if applicable)
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ Outcome of the REVIEW
- ◆ Supporting documents enclosed
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)
- ◆ Home state of child (if 'home state' relevant)

- ◆ If Single or Multiple Orders used to determine DCO
- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Issuing county of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)
- ◆ State of controlling order
- ◆ County of controlling order
- ◆ Docket number of controlling order
- ◆ How CEJ was determined or if no CEJ

470-3260, Revised Notice of Decision to Review and Adjust a Support Obligation

Purpose Form 470-3260, *Revised Notice of Decision to Review and Adjust a Support Obligation*, provides all necessary parties the results of the REVIEW. This form is issued when the Unit becomes aware of new or different information affecting the results of the REVIEW after the NOD is issued and before the entry of an Administrative Order. The form advises the parties of their rights to request a second REVIEW or ask for a court hearing. The appropriate cover letter is generated for each party.

Note: Do not use this form if a party requested a second REVIEW.

Source This form may be generated from the REVIEW2 screen, FORMLIST or FORMOSEL.

Completion To generate this form from the REVIEW2 screen, enter 'V' or 'X' in the NOD ISSUED (Y/R/V/X) field. **Note:** Enter the revised results of the REVIEW before generating this form.

To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.

If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3260, enter 'X' to select the form, and press ENTER.

If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3260, enter 'X' to select the form, press ENTER, and then press PF6.

When the form is generated from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.

When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.

Press PF11 then PF9 to generate the form.

Distribution Send the form to the last known address for each necessary party or attorney, if applicable. File a copy in the court file and case file.

Data ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Obligee, Obligor, and Third Party address
- ◆ Today's date
- ◆ Case number
- ◆ Primary court order number
- ◆ County name
- ◆ Obligee/Caretaker's name
- ◆ Obligor's name
- ◆ Third Party's name (if applicable)
- ◆ CSRU address and telephone
- ◆ Obligee, Obligor, and Third Party's attorney name and address
- ◆ Child's name and Date of Birth (up to 5 children)

Worker enters the following information:

- ◆ Select if a Foster Care case
- ◆ Obligee/Caretaker's state of residence
- ◆ Obligee/Caretaker's jurisdiction reason
- ◆ Obligor's state of residence
- ◆ Obligor's jurisdiction reason
- ◆ Third Party's state of residence (if applicable)
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ Outcome of the REVIEW
- ◆ Supporting documents enclosed
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)
- ◆ Home state of child (if 'home state' relevant)
- ◆ If Single or Multiple Orders used to determine DCO
- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Issuing county of order (all applicable orders up to 5)

- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)
- ◆ State of controlling order
- ◆ County of controlling order
- ◆ Docket number of controlling order
- ◆ How CEJ was determined or if no CEJ

470-3261, Waiver of Post-Review Waiting Period for Review and Adjustment (252H)

Purpose	Form 470-3261, <i>Waiver of Post-Review Waiting Period for Review and Adjustment (252H)</i> , allows the necessary parties to waive the 30-day waiting period after the <i>NOD</i> is issued. If all necessary parties agree in writing to waive the waiting period, the Unit may proceed to enter an administrative order or end the REVIEW if an adjustment is not appropriate. Also, if a party requests a court hearing it may not be held before the 31 st day unless all necessary parties waive the 30-day waiting period.
Source	This form may be generated from the REVIEW2 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW2 screen, enter a ‘Y’, ‘R’, ‘V’, or ‘X’ in the NOD ISSUED (Y/R/V/X) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3261, enter “X” to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3261, enter ‘X’ to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution

Send the form to each necessary party or attorney, as appropriate. File the signed originals in the court file and place a copy in the case file.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Case number
- ◆ Today's date

470-3262, Acknowledgment of Challenge to Review and Adjust a Support Obligation (252H)

Purpose Form 470-3262, *Acknowledgment of Challenge to Review and Adjust a Support Obligation (252H)*, informs the challenging party that the Unit received the request to challenge the *NOD* and provides the Unit's response to the challenge. ICAR generates the appropriate cover letter for the form.

Source This form may be generated from the REVIEW3 screen, FORMLIST or FORMOSEL.

Completion To generate this form from the REVIEW3 screen, enter the identity of the challenger in the CHALLENGE (CP/RP/TP/OTHST) field and either a 'Y' or 'N' in the ACCEPT field. If the request is denied, enter a deny reason code in the DENY RSN field.

To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.

If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3262, enter 'X' to select the form, and press ENTER.

If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3262, enter 'X' to select the form, press ENTER, and then press PF6.

When the form is generated from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.

When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.

Press PF11 then PF9 to generate the form.

Distribution

Send the form to the party who challenged or the attorney, as appropriate. File a copy in the case file.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Requestor's name and address
- ◆ Today's date
- ◆ Case number
- ◆ Court order number
- ◆ County name
- ◆ Obligee's name
- ◆ Obligor's name
- ◆ Third Party's name (if applicable)
- ◆ CSRU address and telephone
- ◆ REVIEW request date
- ◆ If challenge denied, reason for denial
- ◆ Obligee, Obligor, and Third Party's Attorney name and address

Worker enters the following information:

- ◆ Requestor of challenge
- ◆ If more information needed or challenge denied

470-3263, Notice of a Second Review of a Child Support Obligation (252H)

Purpose	Form 470-3263, <i>Notice of a Second Review of a Child Support Obligation</i> , provides notice to the necessary parties that a challenge has been received and a second REVIEW of the identified support orders will be conducted. The notice identifies any information needed to complete the second REVIEW and outlines the parties' rights and responsibilities.
Source	This form may be generated from the REVIEW3 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW3 screen, enter 'Y' or 'R' in the NOTICE OF 2ND REV (Y/R) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3263, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3263, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 the PF9 to generate the form.</p>

Distribution Send a copy to all necessary parties or attorneys, as appropriate. File a copy of each party's notice in the case file.

Data ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Oblige, Obligor, or Third Party's name and address
- ◆ Today's date
- ◆ Case number
- ◆ Court order number
- ◆ County name
- ◆ Oblige's name
- ◆ Obligor's name
- ◆ Third Party's name (if applicable)
- ◆ CSRU address and telephone
- ◆ Contesting party
- ◆ Oblige, Obligor, and Third Party Attorney name and address

Worker enters the following information:

- ◆ Recipient of letter
- ◆ If other state contested – name of state
- ◆ If other information is needed or not needed

470-3264, Second Notice of Decision to Review and Adjust a Child Support Obligation (252H)

Purpose	Form 470-3264, <i>Second Notice of Decision to Review and Adjust a Child Support Obligation</i> , provides all necessary parties the results of the second REVIEW. The form advises the parties of their rights to ask for a court hearing. ICAR generates the appropriate cover letter.
Source	This form may be generated from the REVIEW3 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW3 screen, enter either 'Y', or 'R' in the 2ND NOD (Y/R/W) field. Note: Enter the results of the second REVIEW before generating this form.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3264, enter 'X' to select the form and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3264, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution Send the form to each necessary party or attorney, if appropriate. File a copy in the case file and court file.

Data ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Obligee's address
- ◆ Obligor's address
- ◆ Third Party's address (if applicable)
- ◆ Today's date
- ◆ Case number
- ◆ Primary order number
- ◆ County name
- ◆ Obligee's name
- ◆ Obligor's name
- ◆ Third Party's name (if applicable)
- ◆ CSRU address and telephone
- ◆ Date of first notice
- ◆ Challenging party
- ◆ Obligee, Obligor, and Third Party Attorney name and address
- ◆ Child's name and Date of Birth (up to 5 children)

Worker enters the following information:

- ◆ Select if a Foster Care case
- ◆ Select if Revised NOD sent
- ◆ If 2nd REVIEW changed results
- ◆ Obligee's state of residence
- ◆ Obligee's jurisdiction reason
- ◆ Obligor's state of residence
- ◆ Obligor's jurisdiction reason
- ◆ Third Party's state of residence (if applicable)
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ If other state challenged – name of state
- ◆ Results of 2nd REVIEW
- ◆ Supporting documents enclosed
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)

- ◆ State of residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)
- ◆ Home state of child (if 'home state' relevant)
- ◆ If Single or Multiple Orders used to determine DCO
- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Issuing county of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)
- ◆ State of controlling order
- ◆ County of controlling order
- ◆ Docket number of controlling order
- ◆ How CEJ was determined or if no CEJ

470-3266, 252H Approval Order – Administrative Modification of a Child Support Obligation

Purpose	Form 470-3266, <i>252H Approval Order – Administrative Modification of a Child Support Obligation</i> , is used to obtain the court’s approval (judge’s signature) of an administrative order to modify a child support obligation. The district court reviews the <i>252H Administrative Order for Modification of a Support Obligation</i> (470-3503) and signs this approval order.
Source	This form can be generated from the REVIEW3 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW3 screen, enter either ‘Y’ or ‘R’ in the GENERATE ORDER (Y/R) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3266, enter ‘X’ to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and the process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3266, enter ‘X’ to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Note: This form handles up to three headings. If there are more than three orders involved in the adjustment, prepare the additional headings as follows:</p>

1. After entering all your data for the form, press PF11 then PF9 to generate the form. When ICAR links with the WORD template, a dialog box appears, asking how you want to handle the document. Instead of clicking on PRINT or QUICK PRINT, press EDIT.
2. Cut and paste the caption and adapt the court order number as appropriate. Do this for each additional order involved in the adjustment.

Distribution

File the original of the approval order with the district court along with the administrative order and supporting documentation. Make a copy for the case file.

Note: Individual offices may have standard procedures for providing the information to the clerk. Follow your office's current procedures.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ County of filing (up to 3 orders)
- ◆ Court order number (up to 3 orders)
- ◆ Petitioner name for all orders
- ◆ Respondent name for all orders
- ◆ Obligee, Obligor, and Third Party Attorney name and address
- ◆ Obligee's name
- ◆ Obligor's name
- ◆ Third Party's name (if applicable)

Worker enters the following information:

- ◆ Select if Foster Care case
- ◆ Judicial District number
- ◆ Select if Third Party on case

470-3267, Administrative Modification Order Cover Letter to Clerk of Court

Purpose	Form 470-3267, <i>Administrative Modification Order Cover Letter to Clerk of Court</i> , is a cover letter to send to the clerk of court of the county in which the order was originally entered. The letter asks the clerk to present the original packet to a judge for signature. After obtaining the signature, the clerk will file stamp the approval as well as each document in the original and file packets and enter the order in the judgment docket. The clerk then returns a file-stamped copy of the approval order and the copy packet to the Unit's attorney who sent the letter.
Source	This form can be generated from the REVIEW3 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW3 screen, enter either 'Y' or 'R' in the GENERATE ORDER (Y/R) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3267, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and the process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3267, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary date to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution

Send this form with the *Administrative Order for Modification of a Child Support Obligation* and the *252H Approval Order* to the court for approval and filing. Make a copy for the case file.

Note: Individual offices may have standard procedures for providing the information to the clerk. Follow your office's current procedures.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date
- ◆ County of filing
- ◆ CSRU telephone
- ◆ CSRU Attorney name and address

Worker enters the following information:

- ◆ County courthouse city name

470-3268, Cover Letter – Administrative Order for Modification – Multiple Orders

Purpose

Form 470-3268, *Cover Letter – Administrative Order for Modification – Multiple Orders*, is a cover letter sent to the clerk of court asking the clerk to present the original packet to a judge for signature. If more than one county originally issued the orders, refer to the **Filing the Administrative Order** section of the manual to determine which clerk of court should receive the packet for approval and filing.

After obtaining the signature, the clerk will file stamp the approval as well as each document in the original and file packets and enter the order in the judgment docket. The clerk then returns a file-stamped copy of the approval order and the copy packet to the Unit's attorney who sent the letter.

Source

This form can be generated from the REVIEW3 screen, FORMLIST or FORMOSEL.

Completion

To generate this form from the REVIEW3 screen, enter either 'Y' or 'R' in the GENERATE ORDER (Y/R) field.

To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.

If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3268, enter 'X' to select the form, and press ENTER.

If generating form FORMOSEL, enter the case number and the process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3268, enter 'X' to select the form, press ENTER, and then press PF6.

When the form is generated from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.

When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.

Press PF11 then PF9 to generate the form.

Distribution

Send this form with the *Administrative Order for Modification of a Child Support Obligation* and the *252H Approval Order* to the court for approval and filing. Make a copy for the case file.

Note: Individual offices may have standard procedures for providing the information to the clerk. Follow your office's current procedures.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date
- ◆ County of filing
- ◆ Court order number (up to 3 orders)
- ◆ County of filing (up to 3 orders)
- ◆ CSRU telephone
- ◆ CSRU Attorney name and address

Worker enters the following information:

- ◆ County courthouse city name
- ◆ Select if order should be approved and filed or only filed
- ◆ Select appropriate filing paragraph

470-3270, Request for a Chapter 252H Hearing for Modification of a Child Support Order and Certification of Matter to District Court

Purpose	Form 470-3270, <i>Request for a Chapter 252H Hearing for Modification of a Child Support Order and Certification of Matter to District Court</i> , is used when a request for a court hearing has been received. Send this form with the necessary supporting documentation to the court requesting that a court hearing be scheduled for the purpose of determining the adjustment to a child support obligation. The form certifies that the parties have been served, a court hearing has been requested and a true and accurate copy of the administrative proceedings is attached.
Source	This form can be generated from the REVIEW4 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW4 screen, enter either 'Y' or 'R' in the REQUEST FOR HEARING GENERATED (Y/R) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3270, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and the process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3270, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW4 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p>

Note: This form handles up to three headings. If there are more than three orders involved in the adjustment, prepare the additional headings as follows:

1. After entering all your data for the form, press PF11 then PF9 to generate the form. When ICAR links with the WORD template, a dialog box appears, asking how you want to handle the document. Instead of clicking on PRINT or QUICK PRINT, press EDIT.
2. Cut and paste the caption and adapt the court order number as appropriate. Do this for each additional order involved in the adjustment.

Distribution

Send the form and attachments to the CSRU attorney for signature and submittal to the court. Make a copy for the case file.

Note: Individual offices may have standard procedures for providing the information to the clerk. Follow your office's current procedures.

Data

ICAR enters the following information. You must enter the information for a manually generated form.

- ◆ County of filing
- ◆ Court order number (up to 3 orders)
- ◆ County of filing (up to 3 orders)
- ◆ Petitioner name
- ◆ Respondent name
- ◆ CSRU Attorney name, title, PIN#, FAX number, address, and telephone
- ◆ CSRU worker name
- ◆ Obligee, Obligor, and Third Party's Attorney name and address
- ◆ Third Party name (if applicable)

Worker enters the following information:

- ◆ Select if Foster Care case
- ◆ Party requesting hearing
- ◆ If Third Party on case
- ◆ County where worker resides

470-3324, Third Party Case Status Report

Purpose	Form 470-3324, <i>Third Party Case Status Report</i> , notifies the third party of the current status of the REVIEW. The form provides any changes, new information, or any actions taken on the case since the last status report.
Source	This form can be generated from the TPARTY screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the TPARTY screen, enter a 'Y' in the GEN STATUS (Y/BANK) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3324, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and the process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3324, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the TPARTY screen or FORMOSEL, many required variables automatically transfer to the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution Send a copy to the third party. File a copy in the case file.

Data ICAR enters the following information. You must enter the information for a manually generated form.

- ◆ Third Party's name and address
- ◆ Today's date
- ◆ Case number
- ◆ Obligee's name
- ◆ Obligor's name
- ◆ CSRU worker name, address, and telephone

Worker enters the following information:

- ◆ Action taken on the case

470-3325, Out of State Directions for Service and Out of State Return of Service

Purpose	Form 470-3325, <i>Out of State Directions for Service and Out of State Return of Service</i> , provides location and description information necessary for successful service. The form also asks the sheriff or private process server to serve the documents and provide information about the details of the service.
Source	This form may be generated from the REVIEW1 screen or FORMLIST.
Completion	<p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the GEN SERVICE REQT (Y/R) field. Enter 'O' in the CP, RP, or TP I/O field.</p> <p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3325, enter 'X' to select the form, and press ENTER.</p> <p>When the form is generated from the REVIEW1 screen, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	Send this form along with a NOI packet to the out-of-state sheriff or process server by first class mail. File a copy in the case file.
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form:</p> <ul style="list-style-type: none"> ◆ Case number ◆ Court order number ◆ Date ◆ Item to be served ◆ Name of person to be served and their address

- ◆ Employer name and address
- ◆ Social Security number of person to be served
- ◆ Date of Birth and other identifying information – NCP only, worker must enter for CP and TP
- ◆ Worker name
- ◆ Worker title or ID
- ◆ CSRU address and telephone

Worker enters the following information:

- ◆ Expiration date
- ◆ County of service
- ◆ State of service
- ◆ Sheriff's office or Process Server name and address
- ◆ Select if Personal Service required
- ◆ Select if Service on any adult
- ◆ Other service information
- ◆ CSRU office name

470-3358, Reconciliation of Multiple Orders Worksheet

Purpose	Form 470-3358, <i>Reconciliation of Multiple Orders Worksheet</i> , is used when there are two or more current orders involving the same parties. This form helps you determine the last payment amount and due date under the unmodified obligations, the reconciliation amount, and the first payment amount and due date of the new modified obligation.
Source	This form may be generated from FORMLIST or FORMOSEL.
Completion	<p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3358, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and the process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3358, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>Since there are no variables for this form, simply press PF11 then PF9 to generate the form.</p>
Distribution	File this form with the order. File a copy in the case file.
Data	This form requires no variables. Complete the form by hand.

470-3369, Court Hearing Status Report

Purpose	Form 470-3369, <i>Court Hearing Status Report</i> , informs the requesting party that the request for a court hearing is denied because they are not eligible to request a court hearing.
Source	This form can be generated from the REVIEW4 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW4 screen, enter a '2' in the REQ COURT HEARING BY DENY RSN field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3369, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and the process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3369, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW4 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	Send the form to the party requesting the hearing. File a copy in the case file.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date
- ◆ Case number
- ◆ Obligees name
- ◆ Obligor's name
- ◆ Worker's name and title
- ◆ CSRU address and telephone

Worker enters the following information:

- ◆ Requestor's name and address

470-3503, 252H Administrative Order for Adjustment of a Support Obligation

Purpose	Form 470-3503, <i>252H Administrative Order for Adjustment of a Support Obligation</i> , is used to administratively adjust a child support obligation. The form provides information on all the children and child related data, the orders included in the REVIEW process, the determination of the controlling order, the new child support obligation amount and other necessary data. The order may also include reconciliation of multiple orders and income withholding instructions.
Source	This form may be generated from the REVIEW3 screen, FORMLIST or FORMLIST.
Completion	<p>To generate this form from the REVIEW3 screen, enter either 'Y' or 'R' in the GEN ORDER (Y/R) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3503, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3503, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>

Distribution

Send the form and attachments to the Unit's attorney for signature and submittal to the court. Make a copy for the case file.

Note: Individual offices may have standard procedures for providing the information to the clerk. Follow your office's current procedures.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Primary order number
- ◆ Obligor's name
- ◆ Obligee's name
- ◆ Third Party's name (if applicable)
- ◆ Child's name and Date of Birth (up to 5 children)
- ◆ Case number
- ◆ Obligee, Obligor, and Third Party Attorney name and address

Worker enters the following information:

- ◆ Additional court order numbers
- ◆ Select if Foster Care case
- ◆ Select requestor
- ◆ Obligor's relationship to children
- ◆ Obligor's state of residence
- ◆ How obligor appeared
- ◆ Obligor's jurisdiction reason
- ◆ Obligee's relationship to children
- ◆ Obligee's state of residence
- ◆ How obligee appeared
- ◆ Obligee's jurisdiction reason
- ◆ Third Party's relationship to child (if applicable)
- ◆ Third Party's state of residence (if applicable)
- ◆ How Third Party appeared
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)

- ◆ Home state of child (if 'home state' relevant)
- ◆ If Single or Multiple Orders used to determine DCO
- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Issuing county of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)
- ◆ State of controlling order
- ◆ County of controlling order
- ◆ Docket number of controlling order
- ◆ How CEJ was determined or if no CEJ
- ◆ Amount of support prior to deviation
- ◆ Frequency of payment
- ◆ Reason for deviation
- ◆ Amount of support based on guidelines - no deviation
- ◆ Frequency of payment
- ◆ Reconciliation of multiple orders
- ◆ Multiple children – adjustment table
- ◆ Number of children entitled to support (up to 6 children)
- ◆ Support amount as each child emancipates
- ◆ Health insurance/Medical support and Uncovered Medical provisions
- ◆ Additional case numbers
- ◆ Income withholding provisions
- ◆ Name of person ordered to pay costs of action

470-3504, 252H Judicial Order for Adjustment of a Support Obligation

Purpose	Form 470-3504, <i>252H Judicial Order for Adjustment of a Support Obligation</i> , is used to judicially adjust a child support obligation. The form provides information on all the children, the orders included in the REVIEW process, the determination of the controlling order, the new child support obligation amount, and other necessary data. The order may also include the reconciliation of multiple orders and income withholding instructions.
Source	This form may be generated from the REVIEW4 screen, FORMLIST or FORMOSEL.
Completion	<p>To generate this form from the REVIEW4 screen, enter either 'Y' or 'R' in the GENERATE JUD ORDER (Y/N/R) field.</p> <p>To generate this form from FORMLIST or FORMOSEL, access FORMLIST or FORMOSEL from the FORMS menu.</p> <p>If generating from FORMLIST, enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3504, enter 'X' to select the form, and press ENTER.</p> <p>If generating from FORMOSEL, enter the case number and process code (REV). Press either PF9 (numerical) or PF10 (alpha) to display a list of REVIEW forms. Tab to 470-3504, enter 'X' to select the form, press ENTER, and then press PF6.</p> <p>When the form is generated from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate and press PF3 to update the form.</p> <p>When the form is generated from FORMLIST, enter all necessary data to complete the form. Press PF3 to update the form.</p>

Note: This form handles up to three headings. If there are more than three orders involved in the adjustment, prepare the additional headings as follows:

1. After entering all your data for the form, press PF11 then PF9 to generate the form. When ICAR links with the WORD template, a dialog box appears, asking how you want to handle the document. Instead of clicking on PRINT or QUICK PRINT, press EDIT.
2. Cut and paste the caption and adapt the court order number as appropriate. Do this for each additional order involved in the adjustment.

Distribution

Send the form and attachments to the Unit's attorney for signature and submittal to the court. Make a copy for the case file.

Note: Individual offices may have standard procedures for providing the information to the clerk. Follow your office's current procedures.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ County of filing (up to 3 orders)
- ◆ Court order number (up to 3 orders)
- ◆ Petitioner name (up to 3 orders)
- ◆ Respondent name (up to 3 orders)
- ◆ Month, day and year of hearing
- ◆ Obligor's name
- ◆ Obligee's name
- ◆ Third Party's name (if applicable)
- ◆ Child's name and Date of Birth (up to 5 children)
- ◆ Case number
- ◆ Obligee, Obligor, and Third Party Attorney name and address
- ◆ CSRU Attorney name
- ◆ District Court number

Worker enters the following information:

- ◆ Select if Foster Care case
- ◆ Select requestor
- ◆ Obligor's relationship to children
- ◆ Obligor's state of residence
- ◆ Obligor's jurisdiction reason
- ◆ Obligee's relationship to children
- ◆ Obligee's state of residence
- ◆ Obligee's jurisdiction reason
- ◆ Third Party's relationship to child (if applicable)
- ◆ Third Party's state of residence (if applicable)
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)
- ◆ Home state of child (if 'home state' relevant)
- ◆ If Single or Multiple Orders used to determine DCO
- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Issuing county of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)
- ◆ State of controlling order
- ◆ County of controlling order
- ◆ Docket number of controlling order
- ◆ How CEJ was determined or if no CEJ
- ◆ Amount of support prior to deviation
- ◆ Frequency of payment
- ◆ Reason for deviation
- ◆ Amount of support based on guidelines - no deviation
- ◆ Frequency of payment
- ◆ Reconciliation of multiple orders

- ◆ Multiple children – adjustment table
- ◆ Number of children entitled to support (up to 6 children)
- ◆ Support amount as each child emancipates
- ◆ Health insurance/Medical support and Uncovered Medical provisions
- ◆ Additional case numbers
- ◆ Income withholding provisions
- ◆ Name of person ordered to pay costs of action
- ◆ CSRU Attorney name
- ◆ District Court number

470-3655, Important Information About Accepting Service of Process

Purpose	Form 470-3655, <i>Important Information About Accepting the Service of Process</i> , is only used for persons living in a crime victim center. The form advises the person of their right to accept delivery of the NOI packet without legal service of process and of their responsibilities. Form 470-3252, <i>Waiver of Personal Service and Acceptance of Review and Adjustment Notice</i> , is included for the person's signature.
Source	This form may be generated from FORMLIST.
Completion	<p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3655, enter 'X' to select the form, and press ENTER.</p> <p>Enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	Send this form with a NOI packet to a party residing in a crime victim center. File a copy in the case file.
Data	<p>Worker enters the following information:</p> <ul style="list-style-type: none"> ◆ Today's date ◆ Name and address of person to be served ◆ CSRU address and telephone ◆ Child's name (up to 4 children) ◆ Case number ◆ Docket number (if one exists) ◆ County name (if one exists) ◆ Waiver due date ◆ Name, address, and telephone of CSRU or Sheriff office to accept service

470-3656, § 915.20A Affidavit Regarding Return of Service

Purpose	Form 470-3656, <i>§ 915.20A Affidavit Regarding Return of Service</i> , is used to protect the location of a crime victim center (shelter) when a parent resides in the shelter. A sheriff or private process server sign and have notarized this form acknowledging return of service and agreeing not to disclose the location of the crime victim center in any civil or criminal proceeding.
Source	This form may be generated from FORMLIST.
Completion	<p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3656, enter 'X' to select the form, and press ENTER.</p> <p>Enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	<p>Send this form with the NOI packet to the sheriff or private process server. File the original in the case file.</p> <p>Note: Do not file this form in the court file.</p>
Data	<p>Worker enters the following information:</p> <ul style="list-style-type: none">◆ County name◆ Petitioner's name◆ Court order number (if one exists)◆ Respondent's name◆ Name of person to be served◆ Case number

470-3657, Application for § 915.20A Order for Nondisclosure

Purpose	Form 470-3657, <i>Application for § 915.20A Order for Nondisclosure</i> , is used by the Unit's attorney to request the court by 'ex parte' (without notice to the opposing party) motion to file the return of service without the actual address.
Source	This form may be generated from FORMLIST.
Completion	<p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3657, enter 'X' to select the form, and press ENTER.</p> <p>Enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	<p>Send the form and attachments to the Unit's attorney for signature and submittal to the court. Make a copy for the case file.</p> <p>Note: Individual offices may have standard procedures for providing the information to the clerk. Follow your office's current procedures.</p>
Data	<p>Worker enters the following information:</p> <ul style="list-style-type: none"> ◆ County name ◆ Petitioner's name ◆ Court order number ◆ Respondent's name ◆ CSRU Attorney ◆ Name of person to be served ◆ Type of notice served ◆ Month and year judge will sign ◆ Attorney name, PIN number, and title ◆ CSRU address and telephone

470-3658, § 915.20A Order for Nondisclosure

Purpose	Form 470-3658, § 915.20A <i>Order for Nondisclosure</i> , is used when the location of the crime victim center will not be disclosed in the return of service and the return of service indicating the party was served is legally sufficient to show service of process.
Source	This form may be generated from FORMLIST.
Completion	<p>To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3658, enter 'X' to select the form, and press ENTER.</p> <p>Enter all necessary data to complete the form. Press PF3 to update the form.</p> <p>Press PF11 then PF9 to generate the form.</p>
Distribution	<p>Send this form with 470-3657 to the Unit's attorney for the judge's signature and submittal to the court. Make a copy for the case file.</p> <p>Note: Individual offices may have standard procedures for providing the information to the clerk. Follow your office's current procedures.</p>
Data	<p>Worker enters the following information:</p> <ul style="list-style-type: none">◆ County name◆ Petitioner's name◆ Court order number◆ Respondent's name◆ Month and year judge will sign◆ CSRU Attorney name◆ Name of person to be served◆ Type of notice served◆ Judicial District number

470-3665, Information Sheet for Sheriffs and Private Process Servers

Purpose	Form 470-3665, <i>Information Sheet for Sheriffs and Private Process Servers</i> , informs the sheriff or private process server of the procedures to use for situations when the person to be served resides in a crime victim center (shelter).
Source	This form may be generated from FORMLIST.
Completion	To generate this form from FORMLIST, access FORMLIST from the FORMS menu. Enter the process code (REV). Press PF1 (numerical) or PF5 (alpha) to display a list of REVIEW forms. Tab to 470-3665, enter 'X' to select the form, and press ENTER. Since this form requires no variables, press PF11 then PF9 to generate.
Distribution	Send this form to the sheriff or private process server when the party to be served resides in a shelter. File a copy in the case file.
Data	This form requires no variables.

**Comm. 85, Procedures for Modifying Child Support Obligations: Review and Adjustment
Administrative Modification Cost-of-Living Alteration**

Purpose	Comm. 85, <i>Procedures for Modifying Child Support Obligations: Review and Adjustment, Administrative Modification, Cost-of-Living Alteration</i> , provides information about the administrative modification processes available through the Unit and includes a listing of phone numbers and addresses for the CSRU offices. This pamphlet is available to the general public or any customer inquiring about modification services.
Source	A supply of the pamphlet may be available through the local office.
Completion	The pamphlet requires no input.
Distribution	Provide this pamphlet to anyone who inquires about modification services provided by the Unit. If a request for a modification is accepted, send this pamphlet with the NOI packet to all necessary parties if not previously provided.
Data	This pamphlet requires no variables.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

January 14, 2003

GENERAL LETTER NO. 10-Q-AP-1

ISSUED BY: Bureau of Collections, Division of Child Support Recovery, Case Management, and Refugee Services

SUBJECT: Employees' Manual, Title 10, Chapter (letter), **ADMINISTRATIVE REVIEW AND ADJUSTMENT APPENDIX**, , Title page, new; Contents (pages 1 and 2), new; and pages 1 through 83, new; and the following forms:

- 470-0204 *Financial Statement*, new
- 470-0413 *Obligor Insurance Questionnaire*, new
- 470/1916 *Order for Income Withholding*, new
- 470-2640 *Child Support Guidelines Worksheet*, new
- 470-2744 *NPA Medical Support Questionnaire*, new
- 470-2748 *PA Medical Support Questionnaire*, new
- 470-2749 *Request to Modify a Child Support Order*, new
- 470-2788 *Role of the Child Support Recovery Attorney*, new
- 470/2819 *What You Should Know About Immediate Income*, new
- 470-2870 *Foster Care Financial Statement*, new
- 470-3181 *Directions for Service and Return of Service for Service in Iowa*, new
- 470-3251 *Review Request Acknowledgement*, new
- 470-3252 *Waiver of Personal Service and Acceptance of Review and Adjustment Notice*, new
- 470-3253 *Notice of Intent to Review and Adjust a Child Support Obligation*, new
- 470-3254 *Waiver of Pre-Review Waiting Period for Review and Adjustment Appendix*, new
- 470-3256 *Notice of Withdrawal Request (252H)*, new
- 470-3257 *Request to Continue Review (252H)*, new
- 470-3258 *Results of Withdrawal Request (252H)*, new
- 470-3259 *Notice of Decision to Review and Adjust a Support Obligation*, new
- 470-3260 *Revised Notice of Decision to Review and Adjust a Support Obligation*, new
- 470-3261 *Waiver of Post-Review Waiting Period for Review and Adjustment (252H)*, new

470-3262	<i>Acknowledgment of Challenge to Review and Adjust a Support Obligation (252H), new</i>
470-3263	<i>Notice of Second Review of a Child Support Obligation (252H), new</i>
470-3264	<i>Second Notice of Decision to Review and Adjust a Child Support Obligation (252H), new</i>
470-3266	<i>252H Approval Order – Administrative Modification of a Child Support Obligation, new</i>
470-3267	<i>Administrative Modification Order Cover Letter to Clerk of Court, new</i>
470-3268	<i>Cover Letter – Administrative Order for Modification – Multiple Orders, new</i>
470-3270	<i>Request for a Chapter 252H Hearing for Modification of a Child Support Order and Certification of Matter to District Court, new</i>
470-3324	<i>Third Party Case Status Report, new</i>
470-3325	<i>Out of State Directions for Service and Out of State Return of Service, new</i>
470-3358	<i>Reconciliation of Multiple Orders Worksheet, new</i>
470-3369	<i>Court Hearing Status Report, new</i>
470-3503	<i>252H Administrative Order for Adjustment of a Support Obligation, new</i>
470-3504	<i>252H Judicial Order for Adjustment of a Support Obligation, new</i>
470-3655	<i>Important Information About Accepting the Service of Process, new</i>
470-3656	<i>§ 915.20A Affidavit Regarding Return of Service, new</i>
470-3657	<i>Application for § 915.20A Order for Nondisclosure, new</i>
470-3658	<i>§ 915.20A Order for Nondisclosure, new</i>
470-3665	<i>Information Sheet for Sheriffs and Private Process Servers, new</i>
COMM. 85	<i>Procedures for Modifying Child Support Obligations: Review and Adjustment, Administrative Modification, Cost-of-Living Alteration, new</i>

Summary

The appendix describes the forms used in the administrative review and adjustment process. The appendix includes the following:

- ◆ Flowcharts
- ◆ System-generated forms pertinent to informing parties of the review process.
- ◆ A brief description of the purpose for each form used in the review process.
- ◆ Instructions for generating and completing the form.
- ◆ The distribution of the form.

Effective Date

Immediately

Material Superseded

None

Additional Information

Refer questions about this general letter to your regional collections administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 27, 2004

GENERAL LETTER NO. 10-Q-AP-2

ISSUED BY: Bureau of Collections,
Division of Child Support Recovery, Case Management, and Refugee Services

SUBJECT: Employees' Manual, Title 10, Chapter Q, **ADMINISTRATIVE REVIEW AND ADJUSTMENT APPENDIX**, Comm. 85, *Procedures for Modifying Child Support Obligations: Review and Adjustment, Administrative Modification, Cost-of-Living Alteration*, corrected.

Summary

This letter transmits a corrected version of Comm. 85.

Effective Date

Upon receipt

Material Superseded

Remove from Employees' Manual, Title 10, Chapter Q-Appendix, Comm. 85 (six pages), dated 4/02, and destroy it

Additional Information

Refer questions about this general letter to your regional collections administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 1, 2005

GENERAL LETTER NO. 10-Q-AP-3

ISSUED BY: Bureau of Collections
Division of Child Support Recovery, Case Management and Refugee Services

SUBJECT: Employees' Manual, Title 10, Chapter Q, **ADMINISTRATIVE REVIEW AND ADJUSTMENT APPENDIX**, Contents (page 1), revised; pages 21 and 22, revised; and the following form:

470-2819 *What You Should Know About Immediate Income Withholding*, revised

Summary

This chapter is revised to update both the form number and the form 470-2819, *What You Should Know About Immediate Income Withholding*, and to add clarification on when to distribute the form to parties.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 10, Chapter Q, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 14, 2003
470-2819	8/99
21, 22	January 14, 2003

Additional Information

Refer questions about this general letter to your regional collections administrator.